

Denbighshire County Council



ANNUAL REPORT

on the


Health of Denbighshire

for the

YEAR 1973

M. T. ISLWYN JONES, M.D., D.P.H.

County Medical Officer



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COMMITTEES

Health Committee :

Chairman : Alderman Dr. I. H. Davies, O.B.E., K.St.J.,
M.Sc. (Hon.), M.B., Ch.B.

Vice-Chairman : Mr. Edward Roberts *

Health Standing Sub-Committee :

Chairman : Alderman T. Jones

Vice-Chairman : Mr. Gwilym H. Parry

Members of the Health Committee :

Mr. R. Arthur	Mr. C. H. Morgan
Mr. E. Davies *	Mrs. V. M. Naylor *
Mr. G. Davies	Mr. J. E. B. Owen
Mr. W. E. Davies	Mr. J. H. Owen
Mrs. Dorothy Dodd *	Mr. G. H. Parry *
Mr. W. R. Evans	Mr. James Parry
Mr. John Griffiths *	Mr. Ernest Price *
Mr. J. R. Hughes	Mr. George Richards *
Mr. A. J. Jenkins	Mr. R. E. Rowlands
Mr. A. E. Jones	Mr. G. H. Ryden
Mr. Frank Jones	Mr. J. H. Tapley
Mr. J. W. Jones	Mrs. H. Targett
Mr. Thomas Jones *	Mr. W. E. Thomas
Mr. W. N. Jones	Mr. W. R. Thomas
Mr. W. R. Jones *	Mr. H. A. Thompson
Mr. E. D. Lloyd *	Mr. Ivan Tuxford *
Mrs. Marion Lyons	Mr. Edward Williams *
Mr. P. H. Meadows	Mr. R. H. Williams
Mr. T. E. MacDonald	Mr. Thomas Williams
Mr. J. I. McCarthy	

Dr. P. Powell (representing Clwyd and Deeside Hospital Management Committee).

Mr. H. O. Tunnah (representing Wrexham, Powys and Mawddach Hospital Management Committee).

* *also members of the Health Standing Sub-Committee*

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer of Health and Principal School Medical Officer :

M. T. Islwyn Jones, M.D., B.S., D.P.H.(Lond.), F.F.C.M., M.R.C.S.,
L.R.C.P.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :

A. L. J. Williams, M.B., B.S., A.K.C., D.R.C.O.G., D.P.H.

District Medical Officers/Medical Officers in Department :

A. Griffith, M.B., Ch.B., D.P.H.

F. P. Peach, M.B., Ch.B., D.P.H. (*Area Medical Officer*)

J. G. M. Williams, M.B., Ch.B., D.P.H.

Medical Officers in Senior Post :

K. Dalzell, M.B., Ch.B.

A. M. Valle, L.R.C.P., L.R.C.S., L.R.F.P.S., D.(Obst.), R.C.O.G.

Medical Officers in Department (full-time) :

A. Benjamin, M.B., Ch.B.

C. G. M. Dillon, M.B., B.Ch., B.Sc.

D. Lloyd Williams, L.R.C.S., L.R.C.P., L.R.C.S.P.

R. Hall, M.B., B.S., L.R.C.P., M.R.C.S. (*from 1.10.73*)

Consultant Staff :

Chest Service :

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

N. G. Hodges, M.B., B.Ch., M.R.C.P.

E. C. Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. B. Morrison, M.D., B.Sc.

Geriatric Service :

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Paediatric Service :

E. G. G. Roberts, B.Sc., M.B., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.,
D.C.H.

M. M. McLean, M.D., F.R.C.P., D.C.H.

Child Guidance Service :

E. Simmons, M.D., L.R.C.P., L.R.C.S.

County Ophthalmologist (part-time) :

M. R. Hughes, M.B., Ch.B., D.O.M.S.

County Dental Service :

Principal Dental Officer :

D. R. Pearse, B.D.S.

Area Dental Officer :

J. P. Reid, L.D.S., R.F.P.S. (Glasgow)

Dental Officers :

J. Jones, L.D.S., R.C.S.

R. H. N. Osmond, L.D.S., R.C.S. (*part-time*)

Miss M. F. Swan, B.D.Sc., D.O.O. (R.C.P.S.) (*resigned 7.12.73*)

Mrs. C. F. Gorton, L.D.S. (*from 17.9.73*) (*part-time*)

County Orthodontist (part-time) :

B. T. Broadbent, F.D.S., B.D.S.

Dental Auxiliaries :

Miss S. T. Bright

Mrs. D. Lloyd

Miss A. E. Williams

Mrs. M. I. Croydon

Dental Surgery Assistants :

8 full-time and 1 part-time

County Public Health Officers :

D. D. Button, M.A.P.H.A., A.R.S.H.

Assistant County Public Health Officers :

A. E. Lewis, D.M.A., M.A.P.H.I.

Food and Drugs Chief Inspector :

Mr. H. Owens

Director of Nursing Services :

Miss A. Large, S.R.N., S.C.M., Q.N., H.V.Cert. (*retired 31.3.73*)

Miss W. M. Tagg, S.R.N., S.C.M., R.S.C.N., N.D.N., H.V. Cert.
(*from 1.4.73*)

Area Nursing Officers :

Miss E. L. Jones, S.R.N., S.C.M., N.D.N., H.V.Cert. (*from 1.4.73*)

Mrs. E. C. Parrish, S.R.N., S.C.M., Q.N., H.V.Cert. (*retired 31.12.73*)

Mr. I. Roberts, S.R.N., Q.N., N.D.N., H.V.Off.

Nursing Officers :

- Miss J. Gilbert, S.R.N., S.C.M., Q.N., H.V.Cert.
- Miss M. E. Roberts, S.R.N., S.C.M., N.D.N., H.V.Cert.
- Miss J. B. Angwin, S.R.N., S.C.M., Q.N., H.V.Cert. (*from 1.3.73*)
- Miss M. E. Jones, S.R.N., S.C.M., H.V.Cert. (*from 1.3.73*)
- Miss E. Walker, S.R.N., C.M.B., (part I), H.V.Cert. (*from 1.3.73*)

Health Visitors	....	....	....	....	....	....	29
Tuberculosis Visitors	....	....	....	....	....	....	2
Home Nurses and Midwives (full and part-time)							85
Ancillary Staff	....	....	....	....	....	....	25
Student Health Visitors	....	....	....	....	....	....	6

Speech Therapy Service :

Senior Speech Therapist :

- Miss J. Bellis, L.C.S.T., L.G.S.M., I.P.A.

Speech Therapists :

- Mrs. M. Davies, L.C.S.T. (*from 1.6.73*)
- Mrs. G. Edwards, L.C.S.T., I.P.A. (*resigned 13.4.73*)
- Mrs. D. Fitzsimmons, L.C.S.T., (*part-time*) (*resigned 31.12.73*)
- Mrs. E. J. Merrett, L.C.S.T. (*part-time*)

Clinical Audiologist :

- Miss V. Reeves

Chief Ambulance Officer :

- E. Evans Hughes

Deputy Chief Ambulance Officer :

- E. Wright

Chiropody Service :

- Senior Chiropodists : 6

Administration :

Chief Administrative Assistant :

- G. L. Britton, D.P.A., F.H.A., A.R.S.H.

Senior Administrative Assistant :

- G. Davies

ANNUAL REPORT

Since 1950, it has been my responsibility to review, compile and present an Annual Report on the health of the people of Denbighshire. Throughout that period, I have had the pleasure of tracing a steady improvement in the general health as reflected in various statistics and a constant growth in the services provided for the community by the County Council. Although our resources have been comparatively meagre, it has been possible, by dint of careful planning and foresight, to prevent wastage and to utilise to the full, every penny, all the dedication of staff and the enormous goodwill of councillors, voluntary organisations and the general public.

The re-organisation of Local Government and of the Health Service in our areas, has resulted in the formation of Clwyd. From the time that the National Health Service was established, I have bewailed the misfortune of its tripartite arrangement. I hope that the new, unified Clwyd Health Services will soon become fully integrated and hence more efficient than they were under the old regime. However, after close on a quarter of a century as County Medical Officer of Health for Denbighshire, I can categorically state that the growing size and complexity of the County services had reached a point where the close, intimate and personal approach was becoming no longer possible for senior administrative officers. Delegation downwards and accountability upwards — bigger and better — these seem to be the catch phrases of our age, but I wonder how long it will take before these trends will be reversed. Is there not a risk that our health services may become impersonal, lacking in humanity and perhaps too penny wise and pound foolish? Undoubtedly, those of us who have spent much of our lives endeavouring to maintain ethical codes cannot but fear the consequences if personal responsibility is supplanted by managerial efficiency. However the die has been cast and it is for the younger generation to meet the challenges of the new order with wisdom based on the firm foundations which we have helped to establish.

This Annual Report cannot follow the pattern of previous years — the statistics are those compiled by the Health Department and not by the Registrar General and, therefore, do not take full account of transfers in and out of the County. The staff have not been asked to submit their annual reports so that I may base my comments on their observations.

The Local Health Authority services have been very much in the shadow of re-organisation which has, inevitably, inhibited developments and expansion and, finally, the practical problems of typing and proofing

and printing would prevent the last report being ready for presentation to the Health Committee before the final dissolution of the Denbighshire County Council. However, the staff of the Health Department felt it incumbent that a final report should be prepared.

During the year under review, there were sporadic cases of Meningococcal meningitis in East Denbighshire, of whom one died. Several years have passed since this disease has been so prevalent but, despite careful enquiries, nothing was found that could account for its recrudescence.

Measles continued throughout the year, causing disruption of the vaccination programme.

Maternal Mortality Rate

Unfortunately, there were two maternal deaths during the year, giving a mortality rate of 0.78 per thousand live and stillbirths. Previously there had been no maternal death since 1970. As will be seen from Table 10, six maternal deaths have occurred over the 10 year period, 1964 - 1973.

Infant Mortality Rate

44 infant deaths were registered during the year. This gives an infant mortality rate of 16.9 per 1,000 live births as compared with 13.0 in 1972.

The various services have been maintained effectively and progress has been continued in many directions. Despite some staff shortages it has been possible to hold all the Child Health Centre Clinics and to extend the service to Penycae. It is gratifying that our Child Health Centres are being increasingly used for a wide range of services which has vindicated decisions and action taken many years ago.

All the local doctors in the Gwersyllt, Brynteg and Brymbo areas are now practising from our Child Health Centres. One practice at Ruthin has moved into the Child Health Centre and, although the Centre was only planned for local health authority services, it has lent itself most satisfactorily to this additional use. At Rhos, a General Medical Practitioner has moved in to occupy parts of the Centre as a branch surgery.

Health Centres

It is sad to realise that several Health Centres in Denbighshire could have been completed and be in full use but for the most unfortunate delays caused through the indecision of the Executive Council.

Coedpoeth Child Health Centre was planned as a Health Centre for two General Medical Practitioners and Local Health Authority services. Contracts were let but had to be cancelled and plans re-drawn and per-

mission obtained to build a Child Health Centre instead of a Health Centre because of opposition from the Executive Council. Shortly, the Coddpoeth Child Health Centre will be completed and, as soon as it opens, at least one General Medical Practitioner will practise from the new premises.

The Gresford Health Centre is nearing completion. This was planned as a Health Centre and it will accommodate not only our services but also two General Medical Practitioners.

Wrexham Health Centre

The changing face of Wrexham has complicated the provision of medical services within the Borough. New housing estates have been built which have absorbed a considerable portion of the population in areas well removed from the existing doctors' surgeries. These communities feel that doctors' surgeries should be established at the periphery and be located more conveniently for them. This, of course, would be in conformity with the traditional pattern of a main surgery with a series of branch surgeries located at focal points. However, the changing nature of medicine entails a substantial technological support for each doctor and, obviously, this can only be provided at a few strategic places. So, essentially, the problem resolves itself into whether convenience to the public, or the provision of a highly efficient and technically supported medical service, should take priority.

On 1st August, 1973, Denbighshire County Council convened a meeting of Hospital and Executive Council representatives to give further consideration to community health care development in Wrexham and, in particular, to the proposal that the development could possibly be best served by building a central health centre large enough to accommodate all general practitioners practising in the Borough, within the curtilage of the War Memorial Hospital which itself, in time, in the light of new thinking and government policy, might become a community hospital.

The following memorandum, setting out the various factors to be considered and the options open was submitted to the representatives attending the meeting :

“ Community Health Services, Wrexham Area

“ Since 1952, I have had periodical discussion with the Wrexham General Medical Practitioners concerning the possibility of establishing a Health Centre in the town.

“ Government policy has changed substantially over the years and currently the Department of Health urges more :

- (a) Community care;
- (b) Health centres;
- (c) Community hospitals.

“These are inter-related and it is, therefore, important that the various Authorities concerned with the health services should give these developments their concerted attention. It is realised that in a few months, the responsibility will be that of the Area Health Authority but it is imperative even at this late hour, that a unified effort to define broad policy should be made.

“ My reasons for stating this are :

1. Denbighshire is proposing to build a Child Health Centre at Acton — this could easily become a small Health Centre.
2. A Group Practice in Wrexham is contemplating expending a substantial amount on their premises.
3. Land availability for health purposes, or any other purpose, in Wrexham is at a premium.
4. The possibility that the Clinic premises at No. 1 Grosvenor Road will be sold.

“ The present position

Wrexham has a population of approximately 39,000 which is growing. The following Community Health Services are provided :

“ General Medical Practitioners

Three Group Practices :

(a)	Strathmore	-	-	-	4
(b)	St. George's Crescent	-			7
(c)	Plas-y-Bryn	-	-	-	6
(d)	Single-handed General Medical Practitioners	-	1	x 1	2
(e)	Branch Surgery	-	-		4 <i>part-time</i>
<i>Total</i>					20 <i>whole-time equivalent</i>

Branch Surgeries are held at Grove Road and Rhosddu Road.

“ Proposal

- (a) Consideration should be given to three group practices and others continuing as at present :

or

- (b) Three Health Centres to serve comparable areas of Wrexham served by the main Group Practices, accommodating General Medical Practitioners in accordance with their own arrangements either as separate Group Practices or as single-handed practitioners.

or

- (c) One main Health Centre sited within the cutilage of the War Memorial Hospital. If the War Memorial Hospital could be designated as a Community Hospital, there would be formed an ideal complex of Health Centre and Community Hospital.

“ Factors to be considered

A Central Health Centre for all General Medical Practitioners in Wrexham would :

- (a) bring together all Community Health Services. This would increase the services available to the patient and facilitate the use of the specialised skills of all staff for the maximum benefit of the patient;
- (b) create a multi-disciplinary team which would involve all staff engaged within the Community Health Services;
- (c) warrant the provision of a wide range of ancillary staff and equipment which would enhance the character and quality of the service provided;
- (d) be sited alongside the Community Hospital near the centre of Wrexham communications;
- (e) be readily accessible to pharmaceutical, ophthalmic and social services;
- (f) facilitate the provision of medical and nursing services and make available to doctors the complex technical equipment at the Community Hospital;
- (g) facilitate administration.

Three separate Health Centres would split the multi-disciplinary team; deprive staff of adequate accommodation, hamper administrative procedures, reduce efficiency of communication and finally be less convenient for patients.

“ Conclusion :

There is a golden opportunity for establishing a Main Health Centre at the War Memorial Hospital. Apart from cogent reasons for advocating such a development, I am confident that this is a most opportune time for seeking the approval of the Department of Health and Social Security to such a scheme. This might well not only ensure the early acceptance of this proposal, but in the long term indirectly expedite the commencement of the District General Hospital in Wrexham.

There are fundamental reasons for formulating a scheme for the Community Health Services in Wrexham. If this opportunity for Corporate Planning is allowed to pass, then alternative decisions, involving substantial expenditure, may prevent or delay vitally important developments which will then hinder the expansion of the-medical services to meet the changing needs of Wrexham.

“ Factors for Consideration :

(a) Executive Council

Wrexham is an open area and any doctor can apply to be allowed to practise within the area. The present distribution of doctors within Wrexham has a relationship to the part of the town they serve. Centralisation of doctors in a Central Health Centre would not, in itself, prevent someone practising peripherally. This would immediately detract from the benefits accruing from a concerted plan for providing in the most efficient manner, community health services in Wrexham and policy should, as far as possible, safeguard against this and some reassurance be given to established doctors. Terms and conditions of occupancy should encourage General Medical Practitioners to move into a Health Centre and they should be given adequate safeguards and assurances regarding security of tenure.

“ (b) Hospital Services

Since the Report on ‘The Functions of the District General Hospital’ in 1960, policy has veered increasingly towards community care and, more recently, to Community Hospitals. Although 1980 and the beginning of the Wrexham District General Hospital seems a long way off, it is evident that community health services are developing rapidly. To avoid unco-ordinated development, it is essential that the whole health needs of Wrexham should be considered together.

The District General Hospital will be built alongside the present Maelor Hospital. The future of the War Memorial Hospital must then be analysed in the light of future needs. Experience has proved that a significant proportion of patients in large general hospitals have never needed, or need for a short period only, the sophisticated resources and treatment facilities available at the proposed District General Hospital.

Accordingly, the War Memorial Hospital in its role as a Community Hospital could provide :

- (1) geriatric and senile dementia beds needed for Wrexham;
- (2) medical and surgical beds but used almost entirely as general medical and pre-convalescent beds, or for short-term admissions to relieve families of the stress of caring for their relatives;
- (3) geriatric day places and possibly some for senile dementia and the mentally ill.

Staffing of Community Hospitals will rely upon local resources. General Medical Practitioners would be invited to participate in staffing the hospital. This would be greatly facilitated if they were working from a Health Centre closely adjacent to the Community Hospital.

“ Health Centre

It is generally agreed that a Main Health Centre for Wrexham would be ideally situated on the War Memorial site.

Forward planning at this stage might result in :

- (a) the designation of a site for a Main Health Centre at the War Memorial Hospital;
- (b) appropriate siting and facilities for car parking, bearing in mind the proposed Inner Ring Road;
- (c) the appropriate inter-relationship-of Hospital and Health Centre planning so that a wide range of facilities could be shared;

Finally, experience within Denbighshire has demonstrated that Community Health Service Unit/Teams form the essential foundations for community health care. These can only evolve to their optimum in premises which can accommodate and provide the necessary facilities for all members of the team”.

The Committee resolved :

1. that it was agreed that there was a need for a Health Centre in Wrexham and that it should be in or near the War Memorial Hospital;
2. that, in view of the firm application from Dr. M. R. Bull and his partners for Health Centre accommodation, the Clerk to the Executive Council be asked, as a matter of urgency, to circularise all other general practitioners, dentists, pharmacists and opticians practising in the area to ascertain what accommodation, if any, they would require in the Health Centre, so that the Executive Council might be in a position to decide on the matter at the earliest possible moment;
3. that the Hospital Management Committee be urged to give urgent consideration to the transfer of acute surgical and general beds to the Maelor General Hospital, such a step being considered as likely not only to lead to an improved hospital service, but also to facilitate the progress of the proposed health centre and the conversion of the War Memorial Hospital into a community hospital;
4. that the Hospital Management Committee be asked to authorise a survey of the site and premises that might be available for Health Centre purposes at the War Memorial Hospital and that the Denbighshire County Council be requested to undertake this work.

Eventually, the Wrexham, Powys and Mawddach Hospital Management Committee considered these recommendations in relationship to the phased plans for the development of the Wrexham District General Hospital and decided to accept them in principle. These proposals will, inevitably, have to await the decision of the newly-established Clwyd Area Health Authority.

Health Visiting Service

Despite strenuous efforts it has not been possible to maintain the Health Visiting staff at full establishment level. The constantly increasing case load has strained to the limit the energies of our dedicated Health Visitors. As stated in previous reports, several Group Practices have come to appreciate, to the full, the benefits that accrue to the community care of patients when an integrated health service is provided. The experience gleaned in the formation of Community Health Service Units has been invaluable in evolving guide lines for the development of community care. At the invitation of the Royal Society of Health, Dr. H. Watkin James, Miss Gilbert and myself gave papers on this subject at a Conference in Colwyn Bay. The ensuing discussion emphasised the need for multi-disciplinary team work in community care and also the vital role of the Health Visitor in this important new development.

Health Visitor training in Denbighshire

The following report was submitted to the Health Committee in April, 1973 :

- “ (a) In September, 1973, a course of Health Visitor Training will commence at Cartrefle College of Education, Wrexham, following approval by the Council for the Education and Training of Health Visitors and the Department of Education and Science.
- “ (b) Our Health Visiting staffing levels, in common with the national picture are low. The Department of Health and Social Security Circular 47/72 (Wales) recommended an approximate Health Visiting establishment of 1 : 3,500 population. At the moment, ours is approximately 1 : 6,300 (29 health visitors).
- “ (c) Certain recruitment problems have been encountered nationally and locally.
 - (i) Scarcity of training places in the United Kingdom generally.
 - (ii) Potential candidates, some of whom are already on our nursing staff, have home commitments which prevent them from leaving home for the required training period of one year.

“ (d) The setting up of the Training Course at Cartrefle would help to overcome many of the above problems.

“ Committee approval is sought for :

- (i) Increase in number of sponsorships for Health Visitor Training for the year 1973/74 (from three to six);
- (ii) The training of sufficient numbers of experienced health visitors as fieldwork instructors in conjunction with neighbouring authorities to provide adequate practical training for Health Visitor students. (Six in the first year — 30 days of 2 x 2 week and 2 x 1 week blocks at Cartrefle).

There will be no charge to the Authority as these costs will be met out of the Health Visitor Training Pooling Scheme.

“ (iii) The possible involvement of members of the County Health Department for tutorial purposes, etc.”

I am pleased to say that the recommendations were accepted in their entirety and currently the Health Department has six health visitor students at training centres — five at Wrexham and one at Liverpool.

Prevention of Illness, Care and After-Care

In previous reports, I have indicated the scope of the services that could be provided under this section of the National Health Service Act. Although some of the responsibilities for the care of the mentally disordered were transferred to the Social Services' Department, there has remained with the Health Department, a substantial co-ordinating role. Following discussions with the Director of the Social Services' Department, it was essential to establish :

General Health Screening of Mentally Disordered Patients in
Community Residential Accommodation;

This screening was introduced.

Services for the Deaf

The following report was submitted to the Health, Social Services and Establishment Committees :

“ Deafness is a condition which a large proportion of the population will experience, in varying degrees, during their lifetime. Some are born deaf, others become deaf as a result of diseases of the ear, or injury

at work; the deterioration in hearing which accompanies advancing years is something to which we are all heir.

“Deafness is not a handicap which is apparent, such as blindness; deaf people, particularly those with associated communication difficulties have, in the past and still are, to a great extent, been ridiculed and regarded by some as being of subnormal intelligence. Sadly, all too often, deafness is the subject of many a music hall joke.

“In recent years, the problems of the deaf have been highlighted, especially by the efforts of Mr. Jack Ashley, M.P., who is, himself, profoundly deaf, but so much more remains to be done towards a better understanding of the immense difficulties of people who have this hidden handicap and who have to cope in a society which is unaware and largely unsympathetic to their special needs. In our technological age, the development of hearing aids and equipment is abysmal when one knows the extent of what is possible. The allocation of resources to this important field has been sadly neglected.

“Over the years, the Denbighshire Education Committee has been alive to the problems of hearing-impaired children and services have been geared to the early ascertainment and treatment of these children. The services have been established by the joint efforts of the Health and Education Departments, and the specialist skills of our Audiologist and Peripatetic Teachers for the Deaf have developed services to enable hearing-impaired children to derive maximum benefit from their education in special schools or units, such as Borrass Park, Wrexham, or in the ordinary school.

“The Education Committee has been generous in the provision of commercial hearing aids for those children unable to benefit from National Health Service aids and additional audiological equipment which has helped hearing-impaired children to develop speech and language and take their place in society along with their peers. The specialist skills of the Department have always been utilised to the maximum for the benefit of the deaf school leaver and to advise, in conjunction with the Youth Employment Service and the Employment Medical Advisory Service, on suitable employment or further education and training.

“During the past twelve months, at the request of the Director of Social Services, staff of the Health Department have been involved in the medical screening of mentally disordered patients in County Establishments and Boarding Houses. Full audiological assessments have been carried out by the County Audiologist on those patients who were identified by the screening test as being in need of further investigation and the following statistics, I believe, are significant of the problem amongst mentally disordered and psycho-geriatric patients and, indeed, it can be

asked to what extent hearing impairment of these patients has been a contributory factor to their mental illness. It is salutary to note that of the 105 residents screened, 26 (nearly one-quarter) were found to have significant hearing loss.

<i>Name of Establishment</i>	<i>No. of Patients medically screened</i>		<i>No. of patients found to be suffering from previously undiagnosed hearing impairments</i>	<i>No. of patients issued with hearing aids</i>
	<i>For first time</i>	<i>Number reviewed</i>		
Bryn Mair	45	25	12	5
Grove Hall, Bodfari	33	34	10	1
Llanerchrugog Hall, Rhos	16	—	4	—
Bryn Derwen	11	—	—	—

“ Miss Reeves, the County Audiologist, has recently followed up those patients at Bryn Mair issued with hearing aids and it is interesting to note the comments of the Matron. She experienced, initially, a great deal of difficulty in getting the patients to wear the hearing aids but, after a period of two to three weeks, it became apparent that there was increased communication amongst the staff and patients concerned and that many problems of management were overcome as verbal communication was established, particularly amongst those patients who had remained in isolation for so long. The successful efforts of the Matron and her staff cannot be too highly commended as the difficulties of introducing new listening patterns to elderly patients is well-known.

“ The Linco Converser was used by Miss Reeves at the demonstration to staff and officers of the Social Services’ Department and one old lady in her late eighties, with this equipment, was able to hear and converse lucidly for the first time in many years. Indeed, the staff were most impressed by what they saw and they now urge that this equipment should be provided in County Welfare Homes so that speech and communication can be restored to the patients. Improved hearing would add to the dignity and the quality of their lives as well as help them to participate in the communal activities of the Home, apart from the benefits which accrue in their daily care.

“ It is already well-known from information held by the Health and Social Services’ Departments that a significant number of the adult population suffer from impaired hearing. This is a section of the popul-

ation whose handicap has been ignored for too long. It is time that services were co-ordinated and extended and that advisory facilities in the community were established. Reluctant to admit to deterioration in hearing, many fail to utilise the existing services, for they have a fear of losing job promotion opportunities, or are worried by the thought of operations. Many are unaware of the remarkable advancements made in the hearing aid industry in recent years. The physical strain engendered by constantly lip-reading and the nervous tension of trying to hide a handicap can lead to secondary emotional disturbances which affect both the person concerned and very often his entire family.

“ Discussions have already taken place between officers of the Health and Social Services’ Departments regarding the establishment of Hearing Centres at Wrexham and Colwyn Bay. These Centres would endeavour to make the individual accept his handicap. They would also offer:

- (1) Medical and Audiological assessment;
- (2) advice on type of hearing aid most suited, their use, management and upkeep;
- (3) guidance on other forms of aids to help reduce the handicap;
- (4) a counselling service which would stimulate the deaf person to develop his full potential.

As soon as the benefits became apparent to the hearing-impaired, these Centres could introduce lip-reading classes and other educational courses. Undoubtedly, such a service would prevent in the long-term, or ameliorate, many of the emotional and social problems of later years.

“ The specialist skills and resources of the Health Department are already fully committed to the services for hearing-impaired children and in some degree to the mentally disordered. To extend the service to the adult population would require additional staff.

“ The report refers to a handicapped section of the community in Denbighshire which commands our attention. The Director of Social Services and I are of the opinion that services at Hearing Centres should be established and developed as a matter of urgency. Accommodation for Hearing Centres would be the responsibility of the Social Services’ Department, but the scheme cannot proceed unless authority can be obtained for employing the following additional staff :

1 Medical Officer —
50% of time

1 Audiologist —
full-time

1 Trained Technician —
full-time

1 Teacher for the deaf —
full-time

(Normally teachers for the deaf are employed by the Education Committee but as this service will be for adults it will be necessary for him to be employed by the Health Department)

This report is submitted for your consideration.”

Following consideration of the foregoing report, the Establishment Committee agreed to the appointment of an additional Audiologist. The post was advertised at the end of 1973 and, if an appointment could be made during January, 1974, then it might be possible, in co-operation with the Social Services' Department, to establish a Hearing Centre in Wrexham.

Family Planning Service

A family planning service is provided in Denbighshire both by the Local Health Authority itself and on its behalf by the North Wales Branch of the Family Planning Association. Clinics are held by the :

- (a) Family Planning Association at Colwyn Bay, Denbigh, Ruthin, and Wrexham at 1 Grosvenor Road; Prince Charles Road and Hightown Clinics.
- (b) local health Authority at Ruabon Clinic.

The Local Health Authority also provides a domiciliary family planning service throughout the County for those patients who, for family and other reasons, cannot attend the fixed clinics.

Both services give free of charge advice to all patients and the needy or those with medical indications, are provided with free supplies.

National Health Service (Family Planning) Amendment Act — Vasectomy

This Act placed vasectomy on the same basis as other contraceptive services which local health authorities are authorised to provide.

Discussions with consultant surgeons and with the Hospitals concerned has enabled Denbighshire to establish a vasectomy service. Applications for this form of male sterilisation are received by the County Medical Officer and careful enquiries are made before any case is referred for counselling. Each applicant is interviewed, either by the Deputy County Medical Officer or Area Medical Officer before he is referred, if considered suitable, to the appropriate surgeon.

During 1973, there were 36 applications received. Of these 16 attended for counselling and 13 were subsequently referred for vasectomy.

Home Dialysis — use of artificial kidney machines in the home

In January, 1968, the Minister of Health approved, under Section 28 of the National Health Service Act, the making of arrangements by local authorities for the adaptation of any dwelling or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis.

A patient being treated at home needs a room with space for a single bed, the dialysis equipment and a sink unit with a good supply of water; the walls and ceilings of the rooms must be crack free and washable to minimise the risk of infection. If a room is not available, a portable unit can be provided; this is virtually an extra room outside the house where the patient sleeps while undergoing treatment. Special storage space for one month's supply of sterile dressing and of containers of concentrated fluids is required and the premises may also need special electrical wiring, plumbing to a sink and waterproof floor covering.

The hospital authorities provide the kidney machine; they pay for the extra cost of electricity and the installation and rental of a telephone. Since 1969, 12 patients have been referred for home dialysis — 8 males and 4 females, their ages ranging from 17 to 48 years. In eight cases, their houses were large enough to allow a room to be adapted, in 3 cases a portable unit had to be provided and, in the other case, an extension to the house was planned but the patient received a kidney transplant before building commenced. Four of these patients were re-housed by the local housing authorities before treatment commenced so that adequate space would be available and I am pleased to report that these applications for re-housing have always been dealt with sympathetically and quickly.

Of the 12 patients referred, 7 still continue to receive treatment and 2 died. The remaining 3 received kidney transplants and 2 of them have made a good recovery. Unfortunately, the third patient died.

As is to be expected, the majority of these cases (10) live where the population is concentrated most, *i.e.* Wrexham Borough and Rural Districts. These cases were reasonably easily provided for, but one other patient presented many problems due to the isolated location of the home.

It usually takes about six weeks to train a patient to use home dialysis equipment and it is very desirable that patients should be able to transfer to home dialysis as soon as they are ready so that hospitals can plan their

intake of new patients. Six weeks is barely sufficient time to carry out the necessary investigations and adaptations at the home, but the Renal Unit at the Royal Alexandra Hospital, Rhyl, always provide us with as much notice as possible. We rely heavily on the County Architect and his staff to ensure that the rooms are adapted quickly as indicated above and I am well aware that priority is always given to cases of this nature.

Chiropody Service

Additional chiropodists were appointed during the year. This enabled the service to be extended to cover some of the more rural areas. Consideration was given to providing a mobile chiropody service but this could not be established during the remaining life of the Denbighshire Health Department. However, it was possible to give more time to home visiting which, although time consuming, is often very rewarding.

Conclusion

This is the last annual report on the health of the County. The dissolution of Denbighshire County Council will become effective on 31st March, 1974. Since the formation of the Denbighshire Health Department, the following County Medical Officer of Health have served the Authority :

Dr. Llewelyn Williams	....	....	1910 - 1912
Dr. Tom Roberts	....	....	1912 - 1935
Dr. H. Arwel Thomas	....	....	1936 - 1950
Dr. M. T. Islwyn Jones	....	....	1950 - 31.3.74

Each County Medical Officer of Health has contributed to the attainments of the Department. However, none of this could have been achieved without the whole-hearted loyalty and dedication of the staff of the Health Department. No words of mine can convey adequately the great debt of gratitude that we owe to them.

Finally, I wish to record my appreciation to colleagues both in the fields of health and local government and also the members, past and present, of the County Council and District Councils in Denbighshire, for their collaboration, courtesy, friendship, foresight and tolerance. Together we have laid firm foundations for future developments. I hope, with all sincerity, that our achievements will inspire our successors to maintain the high tradition which they will inherit.

M. T. ISLWYN JONES

County Medical Officer

County Health Department
Wrexham
Denbighshire

January, 1974

Table 1

VITAL STATISTICS 1964-1973

Year	Per 1,000 of Estimated Population				Still-birth rate per 1,000 live and still births	Maternal mortality rate per 1000 live and still births	Infant mortality rate per 1000 live births
	Crude Live Birth Rate	Crude Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer			
1964	16.5	12.7	0.04	2.5	12.9	Nil	22.3
1965	15.5	12.9	0.02	2.6	21.2	Nil	14.1
1966	15.8	14.2	0.06	2.7	20.4	Nil	16.2
1967	16.0	13.4	0.04	2.7	18.8	0.34	15.6
1968	16.2	13.5	0.04	2.6	13.4	0.33	20.0
1969	15.8	14.2	0.05	2.6	16.0	0.34	19.0
1970	16.0	13.7	0.02	2.7	13.0	0.34	13.0
1971	16.1	13.6	0.05	2.7	13.0	Nil	20.0
1972	14.6	14.5	0.02	3.0	7.0	Nil	13.0
1973	13.6	13.7	0.01	2.9	15.9	0.78	16.9

Table 2

**THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND RATES
ACCORDING TO DISTRICTS FOR 1973**

Districts	Estimated Population	No. of live births	Birth Rate		No. of infant deaths	Total No. of deaths	Death Rate		Deaths	
			crude	adjusted			crude	adjusted	male	female
Western No. 1 :										
Abergele U.D.	12,560	163	12.9	17.2	3	261	20.8	12.7	123	138
Colwyn Bay M.B.	25,470	239	9.4	13.4	2	493	19.4	10.6	213	280
Aled R.D.	6,700	72	10.7	12.5	1	43	6.4	6.2	22	21
Western No. 2 :										
Denbigh M.B.	8,440	131	15.5	15.8	2	111	13.2	10.4	62	49
Llanrwst U.D.	2,820	43	15.2	16.6	2	42	14.9	11.3	16	26
Ruthin M.B.	4,620	84	18.2	20.3	—	48	10.4	8.2	24	24
Ruthin R.D.	8,910	67	7.5	9.8	—	74	8.3	6.7	40	34
Hiraethog R.D.	4,090	42	10.3	13.8	—	32	7.8	7.4	17	15
Eastern No. 1 :										
Wrexham R.D.	63,600	939	14.8	15.7	25	804	12.6	13.4	435	369
Ceiriog R.D.	6,820	100	14.6	18.4	—	112	16.4	14.8	72	40
Llangollen U.D.	2,930	50	17.1	19.1	1	42	14.3	13.8	27	15
Eastern No. 2 :										
Wrexham M.B.	39,140	608	15.5	14.5	8	479	12.2	13.3	259	220
Total County	186,100	2,538	13.6	15.1	44	2,541	13.7	11.8	1,310	1,231

Table 3
INFANT MORTALITY

<i>Age at Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 1 week	11	12	23
Over 1 week, but under 4 weeks	1	2	3
Over 4 weeks, but under 1 year	12	6	18
<i>Total</i>	24	20	44

Table 4
INFANT MORTALITY — CAUSES OF DEATH

<i>Causes of Death</i>	<i>Number of Deaths</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	
Enteritis and other Diar- rhoeal diseases	1	—	1
Meningococcal infection	1	—	1
Pneumonia	4	2	6
Bronchitis and Emphys- ema	5	2	7
Other infections	—	2	2
Congenital anomalies	3	3	6
Birth injury, difficult labour, etc.	—	2	2
Other causes of perinatal mortality	2	2	4
Prematurity	8	7	15
<i>Total</i>	24	20	44

Table 5

COMPARATIVE RATES

<i>Rate</i>	<i>Denbighshire</i>	<i>England and Wales</i>
Birth Rate (crude)	13.6	
Death Rate (crude)	13.7	
Infant mortality per 1,000 live births	16.9	<i>Not available at</i>
Neo-natal mortality (deaths under 4 weeks)	10.3	<i>time of going to</i>
		<i>press</i>
Early neo-natal mortality (deaths under 1 week)	9.5	
Perinatal mortality (stillbirths and deaths under 1 week)	25.2	
Stillbirth rate	15.9	
Maternal mortality	0.78	<i>* adjusted</i>

Table 6
DISTRIBUTION OF DEATHS IN AGE GROUPS

<i>Year</i>	<i>Number of deaths in age groups</i>								<i>Total</i>
	0 - 1	1 - 4	5 - 14	15-24	25-44	45-64	65-74	75+	
1964	65	5	5	27	75	466	632	970	2,245
1965	39	12	11	19	71	540	619	1,000	2,310
1966	46	7	12	17	64	541	714	1,141	2,542
1967	45	6	10	17	59	484	711	1,079	2,411
1968	58	11	6	12	75	498	705	1,087	2,452
1969	53	11	13	27	69	520	748	1,144	2,585
1970	38	7	12	21	58	495	749	1,123	2,503
1971	61	8	3	19	60	488	787	1,091	2,517
1972	36	13	6	19	69	531	793	1,229	2,696
1973	44	9	8	20*	70*	520*	740*	1130*	2541**

* *Estimated** * *Provisional*

Table 7
PRINCIPAL CAUSES OF DEATH

Table not produced — relevant information not available
at time of going to press

Table 8
Mortality from all forms of Cancer in the past ten years

<i>Year</i>	<i>No. of Deaths</i>	<i>Death Rate per 1,000 population</i>
1964	441	2.5
1965	463	2.6
1966	484	2.7
1967	489	2.7
1968	481	2.6
1969	489	2.6
1970	512	2.7
1971	510	2.7
1972	564	3.0
1973	540 *	2.9

* *Estimated*

Table 9

**Death from Cancer according to age, sex and classification
during 1973**

Information not available

Table 10

MATERNAL MORTALITY

Incidence of Maternal Mortality over the past decade

<i>Year</i>	<i>Total Births (live and still- births)</i>	<i>No. of Maternal Deaths</i>	<i>Mortality per 1,000 total births live and still- births)</i>
1964	2,949	Nil -	Nil
1965	2,830	Nil	Nil
1966	2,894	Nil	Nil
1967	2,875	1	0.34
1968	2,981	1	0.33
1969	2,921	1	0.34
1970	2,959	1	0.34
1971	3,019	Nil	Nil
1972	2,731	Nil	Nil
1973	2,579	2	0.78

Table 11

Causes of Death and Distribution according to Districts

Information not available

Table 12

Congenital Defects — “At Risk” Register

<i>Number on Register at 1.1.73</i>	<i>Number notified during year</i>	<i>Number removed from register</i>	<i>Number on Register at 31.12.73</i>
1,162	381	255	1,288

Table 13

**New Cases and Attendances
at Hospital Ante- and Post-Natal Clinics**

<i>Clinic</i>	<i>Ante-Natal</i>		<i>Post-Natal</i>	
	<i>New Cases</i>	<i>Attendances</i>	<i>New Cases</i>	<i>Attendances</i>
Rhos	42	240	2	31
Cefn Mawr	111	469	73	46
Ruabon	33	589	20	126
<i>Total</i>	186	1,298	95	203

Table 14
Family Planning Clinics — Cases and Attendances

<i>Location</i>	<i>Day and Time</i>	<i>No. of Cases</i>	<i>Attendances</i>
* Denbigh Clinic	1st Tues. : 2 - 3 p.m.	22	34
Nant-y-Glyn, Colwyn Bay (including I.U.D. Clinic)	Monday : 2 - 3.30 p.m. Thursday : 7 - 8.30 p.m.	603	1,568
1 Grosvenor Road, Wrexham	Thursday : 2 - 3.30 p.m. Wednesday: 6.45 - 8.45 p.m.	1,088	2,813
Hightown (I.U.D.)	1st & 3rd Mon.: 6.45 - 8.15 p.m.	149	405
Ruthin Clinic, Mount Street	4th Thur.: 7 - 8.30 p.m.	124	149
Prince Charles Road, Wrexham	Tuesday : 1 - 2.30 p.m.	225	632
County Clinic, Ruabon	Alt. Thursday : 7 - 8.30 p.m. Alt. Monday : 2 - 3.30 p.m.	244	941

55 Domiciliary visits were during the year to 41 patients.

Clinic commenced August, 1973*

Table 15
CHILD HEALTH CENTRES

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>	<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
				1973	1972	1968-71
Abergele, County Clinic	Weekly	Thursday a.m. p.m.	30	102	98	161
Brynteg, County Clinic	Weekly	Monday p.m.	23	75	90	76
Brymbo, County Clinic	Fortnightly	Thursday p.m.	15	22	11	7
Cefn, County Clinic	Weekly	Friday p.m.	38	98	154	92
Chirk, County Clinic	Weekly	Thursday p.m.	27	71	77	55
Coedpoeth, Church Hall	Weekly	Monday p.m.	26	71	104	104
Colwyn Bay, Nant-y-Glyn Road	Weekly	Tuesday a.m. p.m.	21	114	183	82
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	13	19	19	27
Colwyn Bay, Church House, Llysfaen	Monthly	Monday p.m.	13	26	25	19
Denbigh, County Clinic	Weekly	Wednesday p.m.	54	131	133	173
Glan Conway, Church Institute	Fortnightly	Monday p.m.	27	26	29	44
Glynceiriog, C.P. School	Fortnightly	Tuesday p.m.	11	18	13	19
Gresford, Memorial Hall	Fortnightly	Wednesday p.m.	25	32	49	50
Holt, Kenyon Hall	Fortnightly	Wednesday p.m.	11	14	16	31

Carried forward

Table 15 (continued)

Location	Frequency	Day and Time	Average attendance per session (children)	No. of children who attended during the year and who were born in		
				1973	1972	1968-71
Johnstown, Sports Pavilion	Twice Monthly	Tuesday p.m.	15	20	31	19
Llansannan Community Centre	Monthly	Thursday p.m.	17	12	10	34
Llanddulas Youth Club	Monthly	Monday p.m.	16	14	17	42
Llangollen, Welfare House	Fortnightly	Tuesday p.m.	20	61	40	33
Llanrwst, County Clinic	Weekly	Tuesday p.m.	24	40	59	96
Llanrhaeadr Y.M. Infants' School	Fortnightly	Monday p.m.	14	23	24	36
Llay, County Clinic	Weekly	Wednesday p.m.	37	117	89	84
Rhos, County Clinic	Weekly	Wednesday p.m.	37	82	116	22
Rhos-on-Sea, Church House	Fortnightly	Tuesday p.m.	15	18	26	17
Gwersyllt, County Clinic	Weekly	Friday p.m.	42	144	103	58
Rhostyllen, Church Hall	Fortnightly	Monday p.m.	18	14	22	26
Rossett, County Clinic	Fortnightly	Wednesday p.m.	12	15	27	26
Ruabon, County Clinic	Weekly	Tuesday p.m.	18	57	58	40
Ruthin, County Clinic	Weekly	Tuesday p.m.	20	120	113	151
Knmel Bay, Merchandise Hall	Fortnightly	Wednesday p.m.	15	21	31	36

Table 15 (continued)

<i>Location</i>	<i>Frequency</i>	<i>Day and Time</i>	<i>Average attendance per session (children)</i>	<i>No. of children who attended during the year and who were born in</i>		
				1973	1972	1968-71
Wrexham, Hightown	Weekly	Tuesday p.m.	26	78	13	1
Wrexham, Garden Village	Weekly	Wednesday p.m.	36	91	47	13
Wrexham, Prince Charles Road	Weekly	Mon., Thurs. p.m.	27	184	186	177
Wrexham, 1 Grosvenor Road	Weekly	Mon., Wed. p.m.	18	129	29	1
Francysyllte, Primitive Chapel	Monthly	Tuesday a.m.	19	22	30	11
∞ Cerrigydrudion	Weekly	Thursday p.m.	7	23	24	20
Penycae	Fortnightly	Friday p.m.	9	20	29	13
<i>Total</i>				2,124	2,125	1,896

Table 16
MATERNITY AND CHILD WELFARE
DENTAL TREATMENT, 1973

(a) No. provided with dental treatment

	First visit for treat- ments during the year	Total visits	No. of courses of Treatment completed
Expectant and Nursing Mothers	45	123	22
Children under 5 years of age	48	62	36

(b) Forms of Dental Treatment provided

	Extractions	General Anaesthetics	Fillings	Patients treated by scaling	Patients X-rayed	Dentures provided
Expectant and Nursing Mothers	183	30	18	8	6	15
Children under 5 years of age	94	35	9	—	—	—

Table 17
Premature Live and Still Births

<i>Weight</i>	<i>Number of Premature Births</i>		<i>Of those born alive</i>			
	<i>Born dead</i>	<i>Born alive</i>	<i>No. died within 24 hours of birth</i>	<i>No. died in 1 and under 7 days</i>	<i>No. died in 7 and under 28 days</i>	<i>No. sur- vived</i>
2lb. 3oz. or less	3	9	8	—	—	1
Over 2lb. 3oz. and up to 3lb. 4oz.	8	14	4	—	—	10
Over 3lb. 4oz. and up to 4lb. 6oz.	7	17	1	1	—	15
Over 4lb. 6oz. and up to 4lb. 15oz.	2	32	2	—	—	30
Over 4lb. 15oz. and up to 5lb. 8oz.	4	81	1	—	—	81
<i>Total</i>	24	153	16	1	—	137

Table 18
**MATERNITY CASES DISCHARGED FROM HOSPITAL
BEFORE 10th DAY**

	0 - 72 hours		4 - 6 days		7 - 10 days		Total	
	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>	<i>No. of cases</i>	<i>No. of visits</i>
1st Quarter	159	1,507	229	1,254	177	252	565	3,013
2nd Quarter	146	1,342	215	1,252	165	434	526	3,028
3rd Quarter	140	1,299	180	961	137	359	457	2,619
4th Quarter	135	1,243	276	938	119	331	530	2,512
<i>Total for year</i>	580	5,391	900	4,405	598	1,376	2,078	11,172

Table 19
MIDWIVES PRACTISING AT 31st DECEMBER, 1973

<i>Employing Authority</i>	<i>No. of Midwives employed whole or part-time</i>
Local Health Authority :	
<i>Supervisory</i>	2
<i>Domiciliary</i>	42
<i>Mother and Baby Home</i>	—
Private Practice :	
<i>Domiciliary</i>	—
Private Nursing Home	1
Hospital Service :	
<i>Welsh Hospital Board</i>	84 * provisional

Table 20
MIDWIFERY SERVICE

<i>Number of cases delivered in hospitals and other Institutions but discharged and attended by domiciliary midwives</i>	<i>Discharged within</i>	
	Two days	92
	Three to seven days	1,288
	Eight or more days	698
	<i>Total</i>	2,078
Number of domiciliary confinements attended by midwives under N.H.S. arrangements		113
Number of hospital confinements conducted by domiciliary midwives		—

Table 21
SUMMARY OF WORK OF HEALTH VISITORS

<i>Area</i>	<i>No. of Health Visitors</i>	<i>No. of Visits to children under 1 year</i>		<i>No. of Visits to children 1 - 5 years</i>	<i>Persons aged 65 or over</i>	<i>All other visits</i>
		<i>First Visits</i>	<i>Total Visits</i>			
Eastern No. 1	14	1,097	4,499	5,164	1,885	1,284
Eastern No. 2	7	596	2,615	3,380	1,121	520
Western No. 1	7	496	1,705	3,043	2,517	745
Western No. 2	6	498	1,967	2,960	1,171	856
<i>Total</i>	34	2,687	10,787	14,547	6,694	3,405

Table 22
Summary of Cases attended and visited by Home Nurses
during 1973

	0 - 4 years	5 - 64 years	65 years and over	Total
No. of Cases	209	3,329	4,556	8,094
No. of visits by Home Nurses	782	45,018	117,791	163,591
No. of visits by Nursing Auxil- iaries	15	1,054	10,648	11,717

Table 23
Smallpox Vaccinations

<i>Age at date of Vaccination</i>	<i>Primary Vaccinations</i>	<i>Re-Vaccinations</i>
0 - 12 months	—	—
1 year	48	—
2 - 4 years	65	5
5 - 15 years	56	185
<i>Totals</i>	169	190

Table 24

Number immunised against Diphtheria, Whooping Cough, Tetanus,
Polio myelitis, Measles and Rubella during 1973

Year of Birth	Diphtheria		Whooping Cough		Tetanus		Polio myelitis		Measles	Rubella
	Primary	Booster	Primary	Booster	Primary	Booster	Primary	Booster		
1973	50	—	50	—	50	—	50	—	—	—
1972	1,350	—	1,350	—	1,350	—	1,350	—	540	—
1971	580	10	580	—	580	10	720	—	530	—
1970	80	12	80	—	80	8	100	—	80	—
1966 - 69	110	1,700	10	—	80	1,700	150	1,500	80	—
Others under age 16	4	250	—	—	15	300	20	—	40	750
Total	2,170	1,970	2,070	—	2,160	2,020	2,390	3,000	1,270	750

• errors due to rounding

Table 25
VACCINATION AND IMMUNISATION OF CHILDREN
IMMUNITY INDEX

	<i>Percentage of children born in 1970 and vaccinated by 31.12.72</i>		
	<i>Whooping Cough</i>	<i>Diphtheria</i>	<i>Polio- myel.titis</i>
	(1)	(2)	(3)
Denbighshire	78	78	80
* Wales	75	78	78
* England and Wales	78	81	80

* 1972 indices

Table 26 **AMBULANCE SERVICE**

	<i>Patients conveyed</i>		<i>Miles travelled</i>
By Ambulance	Stretcher cases	17,349	) 634,571
	Sitting cases	64,889	
By Sitting Case Car	Sitting cases	19,180	216,340
<i>Grand Total: 1973</i>		101,418	850,911
<i>Grand Total: 1972</i>		145,036	1,003,670

Table 27
Schoolchildren Tuberculin tested and given B.C.G. Vaccination

	<i>No. tuberculin tested</i>	<i>No. found tuberculin positive</i>	<i>No. found tuberculin negative</i>	<i>No. vaccinated with B.C.G.</i>
1973	2,519	114	2,106	2,106
1972	1,664	121	1,498	1,498

Table 28

TUBERCULOSIS NOTIFICATIONS AGE AND SEX DISTRIBUTION

<i>Age</i>	<i>Respiratory</i>			<i>Non-Respiratory</i>		
	<i>M</i>	<i>F</i>	<i>Total</i>	<i>M</i>	<i>F</i>	<i>Total</i>
Under 1 year	—	—	—	—	—	—
1 year	1	—	1	—	—	—
2 - 4 years	—	—	—	—	—	—
5 - 9 years	—	1	1	—	—	—
10 - 14 years	2	1	2	—	—	—
15 - 19 years	—	1	1	—	2	2
20 - 24 years	2	—	2	—	—	—
25 - 34 years	3	1	4	—	2	2
35 - 44 years	3	1	4	—	1	1
45 - 54 years	1	2	3	—	1	1
55 - 64 years	—	1	1	—	—	—
65 - 74 years	4	2	6	—	2	2
75 and over	1	—	1	—	1	1
<i>Total</i>	17	9	26	—	9	9

Total No. of Notifications during 1973 35

No. of new contacts seen of new cases notified

No. of contacts notified of this number

) not
) avail-
) able

Table 29

TUBERCULOSIS

Number of Cases on the County Tuberculosis Register for the years 1964-1973

<i>Year</i>	<i>No. on Register</i>			<i>Deaths</i>		<i>Death Rate per Million of Population</i>
	<i>Respiratory</i>	<i>Non- Respiratory</i>	<i>Total</i>	<i>Respiratory</i>	<i>Non- Respiratory</i>	
1963	1,154	122	1,276	12	1	17.2
1964	1,121	146	1,267	7	1	45.2
1965	1,063	152	1,215	3	2	28.0
1966	959	146	1,105	10	4	78.1
1967	840	102	942	8	—	44.5
1968	635	71	706	7	2	49.5
1969	494	63	557	10	5	82.4
1970	439	58	497	4	—	22.4
1971	393	55	448	9	—	48.7
1972	331	48	379	3	—	16.1
1973	313	45	358	1	—	5.4

Table 30

Active cases on Registers according to County Districts, 31st December, 1973

Western No. 1 : Abergele U.D.	Males Females	19 21	— 2	— 1	— 1	— —	19 22	— 3
Colwyn Bay M.B.	Males Females	20 15	1 5	— —	— 2	— 4	20 11	1 7
Aled R.D.	Males Females	9 3	1 2	— —	— —	— 1	9 2	1 2
Western No. 2 : Denbigh M.B.	Males Females	20 11	— 1	— —	— —	— —	20 11	— —
Llanrwst U.D.	Males Females	7 5	— 3	— —	— —	— —	7 5	— 3
Ruthin M.B.	Males Females	— 2	2 —	— 1	— —	— —	— 3	2 —
Hiraethog R.D.	Males Females	7 —	3 1	— —	— —	1 —	6 —	2 1
Ruthin R.D.	Males Females	14 5	1 4	1 1	— —	— —	15 6	1 4
Carried forward	.....	158	26	4	3	6	156	27

Table 30 (cont.)

<i>Brought Forward :</i>									
Eastern No. 1 : Wrexham R.D.	Males	67	3	2	—	12	—	57	3
	Females	31	7	—	—	2	2	29	5
Ceiriog R.D.	Males	11	1	—	—	1	—	10	1
	Females	—	2	—	—	—	—	—	2
Llangollen U.D.	Males	2	1	—	—	—	—	2	1
	Females	2	—	—	—	—	—	2	—
Eastern No. 2 : Wrexham M.B.	Males	40	3	5	1	6	1	39	3
	Females	20	5	1	—	3	2	18	3
<i>Totals</i>		331	48	12	4	30	7	313	45

Table 31

Comparative Death Rates from Respiratory Tuberculosis in the Rural and Urban Districts, Administrative County and England and Wales for 1973 and each of the preceding nine years

<i>Year</i>	<i>Death Rate per 100,000 of the Population</i>			
	<i>Urban</i>	<i>Rural</i>	<i>Whole County</i>	<i>England and Wales</i>
1964	3.4	4.4	3.9	4.7
1965	3.4	1.1	2.2	4.2
1966	5.6	5.5	5.5	4.3
1967	6.6	2.2	4.5	3.7
1968	2.2	5.5	3.9	3.0
1969	3.2	7.4	5.5	2.2
1970	1.1	3.4	2.2	1.9
1971	5.2	4.4	4.9	1.9
1972	1.1	2.2	1.6	2.0
1973	3.9	—	0.5	<i>Not available</i>

Table 32
VENEREAL DISEASES

Number of Patients attending Centres during 1973

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total</i>
Llandudno General Hospital	—	16	54	70
Wrexham War Memorial Hospital	1	42	258	300
<i>Totals</i>	1	58	312	370

Table 33
CHIROPODY

<i>No. of Persons on register at 31.12.72</i>	<i>No. of Persons treated during 1973</i>	<i>No. of Sessions</i>	<i>Total Attendances</i>
4,543	4,011	1,846	9,850

Table 34
BLIND PERSONS

	<i>Males</i>	<i>Females</i>
No. of cases on register at 31.12.73	147	229
No. of cases ascertained during 1973	27	27
No. of cases ascertained during 1973 with :		
(a) Cataract	9	15
(b) Glaucoma	7	8
No. of cases of blindness due to retrolental fibroplasia	—	—

Table 35
EPILEPTICS

**Number of Ascertained Epileptics according to age and sex
distribution and in Residential Accommodation**

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 9 *****	22	20	1	—
10 - 15 *****	50	52	1	—
16 - 29 *****	12	6	1	—
30 - 49 *****	7	6	2	1
50 and over *****	7	4	4	4

Table 36
SPASTICS

**Number of Ascertained Spastics according to Age and Sex
Distribution and in Residential Accommodation**

<i>Age</i>	<i>Number Ascertained</i>		<i>Number in Residential Accommodation</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
0 - 9 *****	16	12	—	2
10 - 15 *****	11	13	2	5
16 - 29 *****	16	14	4	1
30 - 49 *****	9	7	3	2
50 and over *****	2	4	1	2

Table 37 **APPLICANTS FOR DRIVING LICENCES**

<i>Provisional Diagnosis</i>	<i>No. of referrals</i>	<i>No. examined</i>	<i>Recommendation</i>		<i>Application withdrawn</i>
			<i>Fit to Drive</i>	<i>Not fit to Drive</i>	
Epilepsy	26	14	23	3	—
Diabetes Mellitus	2	1	2	—	—
Mental Illness	2	—	1	—	1
Physical Disability	9	6	9	—	—
Visual Defects	2	2	—	2	—
<i>Total</i>	41	23	35	5	1

Table 38 **MEDICAL EXAMINATIONS**

	<i>Male</i>		<i>Female</i>		<i>Total</i>	
	<i>Full Medical</i>	<i>Medical Questionnaire</i>	<i>Full Medical</i>	<i>Medical Questionnaire</i>	<i>Full Medical</i>	<i>Medical Questionnaire</i>
A. Staff :						
Teachers	28	123	48	238	76	361
Ambulance Service	—	—	—	—	—	—
Fire Service	45	—	—	1	45	1
Other Staff — Denbighshire County Council	62	102	267	635	329	737
H.G.V. Drivers	2	—	—	—	2	—
B. Others :						
Entrants to Colleges of Education	94	—	218	—	312	—
Llandrillo College	27	—	15	—	42	—
<i>Total</i>	258	225	548	874	806	1,099

Table 39

CYTOLOGY SERVICE

Examinations made during the year 1973

	No. examined					Cytological Diagnosis					Other Abnormalities		
	Local Author- ity Clinic	Hospital	Family Plan- ning	G.P. Surgery	Total		Neg- ative	Suspi- cious	Posi- tive	Unsatis- factory	Urine	Breasts	Raised B.P.
					New Cases	Re- calls							
East Denbighshire	1,287	1,121	480	1,230	2,012	2,106	3,915	24	14	165	22	20	61
West Denbighshire	640	223	120	385	736	652	1,351	1	—	14	17	24	80
<i>Total</i>	1,927	1,344	600	1,615	2,748	2,758	5,266	25	14	179	39	44	141

Table 40

INFECTIOUS DISEASES

Particulars respecting notifications received during 1973 and for comparative purposes the nine preceding years are shewn

	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973
Scarlet Fever	79	67	62	67	48	59	30	35	32	13
Whooping Cough	166	21	45	160	61	5	65	64	3	9
Measles	1,160	1,556	731	1,328	904	371	1,277	698	583	756
Acute Pneumonia	24	10	8	13	3	—	—	—	—	—
Meningococcal Infection	1	1	2	—	—	—	3	3	5	33
Acute Poliomyelitis :										
Paralytic	—	1	—	—	—	—	—	—	—	—
Non-paralytic	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis :										
Infective	—	—	—	—	—	—	1	—	—	—
Post-Infectious	—	—	1	—	—	—	—	—	—	—
Dysentery	5	426	95	10	44	85	16	14	40	9
Ophthalmia Neonatorum	1	1	1	3	1	—	—	—	—	—
Puerperal Pyrexia	30	13	7	6	6	1	—	—	—	—
Paratyphoid Fever	—	5	1	1	—	—	—	1	1	1
Food Poisoning	19	16	24	74	128	26	52	47	95	71
Erysipelas	9	6	9	2	4	—	1	—	—	—
Respiratory Tuberculosis	53	62	32	47	40	20	26	28	19	20
Non-respiratory Tuberculosis	9	9	10	12	3	4	7	5	2	9
T.B. Meninges and C.N.S.	2	4	—	1	1	—	—	—	—	—
Infective Jaundice	—	—	—	—	2	26	110	33	7	7
Malaria	—	—	—	—	—	1	—	1	1	—
Typhoid Fever	—	—	—	—	—	—	2	—	—	—
Leptospirosis	—	—	—	—	—	2	—	—	—	—
Acute Meningitis	—	—	—	—	—	2	1	—	—	—
Tetanus	—	—	—	—	—	1	—	—	—	—
<i>Total</i>	1,500	2,197	1,028	1,725	1,248	604	1,590	931	788	934

Table 41

The Allocation of the several Infectious Diseases to the County Districts is shown in the following Table:

Area	Meningococcal Infection	Scarlet Fever	Whooping Cough	Measles	Respiratory Tuberculosis	Non-respiratory Tuberculosis	Dysentery	Food Poisoning	Infective Jaundice	Malaria	Typhoid Fever	Paratyphoid Fever
Western No. 1 :												
Colwyn Bay	—	1	—	31	3	2	—	2	—	—	—	—
Aled	—	—	—	33	—	—	—	2	—	—	—	—
Abergele	—	1	2	167	8	4	1	1	—	—	—	—
Western No. 2 :												
Ruthin Borough	—	—	—	1	1	—	—	2	—	—	—	—
Ruthin Rural	1	—	—	13	2	—	1	1	—	—	—	—
Hiraethog	—	—	—	58	—	—	1	—	—	—	—	—
Llanrwst	—	4	—	78	2	—	—	3	1	—	—	1
Denbigh	—	—	1	81	1	—	—	9	—	—	—	—
Eastern No. 1 :												
Wrexham R.D.C.	24	—	—	149	3	2	—	9	3	—	—	—
Ceiriog	—	—	4	—	—	—	—	—	—	—	—	—
Llangollen	—	—	—	2	—	—	—	—	—	—	—	—
Eastern No. 2 :												
Wrexham Borough	8	7	2	143	6	1	6	42	3	—	—	—
Total	33	13	9	756	26	9	9	71	7	—	—	1

Table 42
REGISTRATION OF NURSING HOMES

	<i>Number of Homes</i>	<i>Number of beds provided for</i>		
		<i>Maternity</i>	<i>Others</i>	<i>Total</i>
Homes first registered during the year	—	—	—	—
Total Homes on the register at the end of year	12	24	172	196

Table 43
MILK SAMPLING

		1971	1972	1973
(a)	No. of Herd samples of Untreated Milk taken	981	905	916
	No. giving positive Brucella Ring Test result	46	51	47
	No. of individual cow samples of Untreated Milk	690	728	815
	No. giving positive Brucella Ring Test results	92	99	117
	No. giving positive cultures of Brucellosis	21	44	51
(b)	No. of samples of Pasteurised Milk taken	360	356	347
	No. failing Methylene Blue Test	14	6	17
	No. failing Phosphate Test	2	Nil	1
(c)	No. of samples of Sterilised Milk taken	29	25	26
	No. failing Turbidity Test	Nil	Nil	Nil
(d)	No. of samples of U.H.T. Milk Taken	* 14	14	18
	No. failing Colony Count Test	* Nil	Nil	Nil

* U.H.T. Milk not available in the County prior to 1971

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